



**Maine Department of Human Services  
Bureau of Health  
Division of Health Engineering  
Wastewater & Plumbing Control Program**

**APPLICATION FOR ENGINEERED  
SUBSURFACE WASTEWATER DISPOSAL SYSTEM**

Please complete the following Sections. Please print or type.

**Applicant/Owner**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Design Engineer**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**1. Property Location**

Town/City: \_\_\_\_\_ County: \_\_\_\_\_

Tax Map and Lot Number: Map \_\_\_\_\_ Lot \_\_\_\_\_

Attach as **“Exhibit A”** a copy of the relevant section of the USGS 7.5’ topographic map, if available, or 15’ topographic map showing the location of the proposed engineered disposal system.

## 2. Project Description

Provide a brief written description of the proposal. Use a separate sheet if necessary.

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## 3. Design Flow

The design flow for this project is: \_\_\_\_\_ gallons per day. Provide design flow calculations and assumptions used in the calculations. Use a separate sheet if necessary.

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## 4. Mounding Analysis

Submit as “**Exhibit B**” an analysis of the proposed system design showing that there is adequate vertical separation between the bottom of the disposal field and any mounded water table. Include all calculations and assumptions used.

## 5. Transmissivity Analysis

Submit as “**Exhibit C**” an analysis of the proposed system design showing that there are sufficient suitable soils down-gradient to prevent the effluent from surfacing within 50 feet of the disposal field. Include all calculations and assumptions used.

## 6. HHE-200 and Variance Form(s)

Submit as “**Exhibit D**” a complete HHE-200 Form, and variance forms if applicable, signed by a Professional Engineer. The design engineer may reference associated plans and soil test pit logs on pages 2 and 3 of the HHE-200 Form.

This project requires:

- ☐ a First Time System Variance to the Maine Subsurface Wastewater Disposal Rules.
- ☐ a Replacement System Variance to the Maine Subsurface Wastewater Disposal Rules.
- ☐ no variance to the Maine Subsurface Wastewater Disposal Rules.

## 7. Operations and Maintenance Manual

Submit as “**Exhibit E**” an operations and maintenance manual for the owner with written recommendations for the operation and maintenance of the system, including inspection schedules, pumping schedules, and record keeping procedures.

## 8. Soil and Site Conditions

Submit as “**Exhibit F**” soil test pit logs prepared by a licensed Site Evaluator. The test pits shall be of sufficient number to accurately describe the site conditions under the proposed disposal area and the down gradient fill extension.

## 9. Plans

Submit as “**Exhibit G**” plans for the proposed engineered disposal system meeting provisions of Section 1102 of the Maine Subsurface Wastewater Disposal Rules. Two sets of plans are required, or one set of plans and one set of copies no larger than 11” x 17”. Plans may be submitted for review purposes on a floppy disk or compact disc in *AutoDesk* AUTOCAD \*.dwg format (rev. 14 or lower), but a signed and stamped hard copy will be required upon final approval.

The plans shall also specify the latitude and longitude of the center of the disposal area(s), expressed as degrees, minutes, and seconds. If this data is obtained from an electronic GIS device, provide the device’s margin of error.

## 10. Review Fee

Submit a check or money order in the amount of \$100.00 U.S. made payable to the Treasurer of the State of Maine.

I, \_\_\_\_\_, am the design engineer for the subject design.  
(print name)

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department to deny the project.

\_\_\_\_\_  
Signature of Design Engineer

\_\_\_\_\_  
P.E. License Number

\_\_\_\_\_  
Date

**Please note: To ensure a timely review of the project, make sure that the application is complete when submitted to the Division of Health Engineering.**

**Incomplete applications can not be processed, and will be returned to the design engineer for completion, unprocessed.**